. Susan Jenness, Pro Sc Intake Clark Reginald C. Lindson, District Judge .. United States District Cont 1 Courthouse Way, Suite 2300 OFFice of The Clark Boston, MA. 02210

November 16, 2005

CASE# 1:05-CV-11289 RCL RE: Cryer v. Dennehy et al

Dear Sir / Madam,

On November 15, 2005 I received from

the US Marshalo Office Nine (9) receipte for Service reportine

(9) defindante (attached lopies). However, Fine (5) of these

receipte (form USM-285) were returned with the Fine (5) individual Complaints affixed to each other. These unights and original unassed Complainte sure for the following defendants: 1 O Kathleen Dennehy @ Carol Mici & Grey Poladian & Tim Ranno D William Taylor.

The 130 day deadline for Service of Complaints to the best of my Knowledge is on the 25th of this Month; I seek quisdence at this time in order to properly Serve these defendants, as I am unque of what to do on this particular issue. However, In requesting the above incliniduels Peoper adolesses Juga This administration as well as from the D.O. C. Counsel Nancy white. Pluse respond soon Thanks!

In closing, I would like to request Ten (10) "Process ->

Receipt And Return - USM - 285 Forms".

Note: The remarks made from the U.S. Muchelo office about leach named defendant named above is as follows:

- 1 Mathleen Densely is located At Industrial Are NorFolk Complex.
- @ CArol Mice-is located at Industrial Am NorFolk Complex.
- 3 Greg Poladian DeFendant no longer At MCI Shirley or Sousa Baranouski, C.C., Maybe at Concord Farm.
- 9 Ting Rome Defendant is Refired From the D.O.C.
- (5) William Taylor DeFendant Was terminated From MCI Shirley.

Respectfully Submitted,

Deck Soure Black Welf Coper, Pro Se Derek Stocke Black Welf Coper, Pro Se MCI Shidup Medica P.O. Box 1218 Harvard Road Shidup, MA. 01464

CC: FIL!

P.S: Regarding time cheadlines, do the Whethends and Holidays apply or Count as one clay?

PROCESS RECEIPT AND RETURN

PLAINTIFF							COURT CASE NUM	RED	
Dere	K Sincer	e BA	CK Was	IF Cou			1:05-CV		> a
DEFENDANT	· · · · ·		1	<u> </u>		······································	TYPE OF PROCESS	- // 22	57
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Signature of Attor	mey or other Originat	tor requesting	service on be	half of:		TELEPI	HONE NUMBER	DATE	
_	Sixue B	1			PLAINTIFF		N/A	1	20-05
DETER	JINE DI	INCK PV	<i>011</i>	767	☐ DEFENDAN	"	14 //1	_	
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PROCESS RECEIPT AND RETURN

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DEFENDANT			7			TYPE OF PROCESS .		
Caro						Service of Sun		
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AT	50 Maple	Street -	Suite 3	- MilFord	, MA.	21757-366	18	
SEND NOTICE	OF SERVICE COPY TO	REQUESTER AT	NAME AND A	DDRESS BELOW:	— Number	of process to be		t
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1)	ne I Shirley	medium	ŕ		1	of parties to be this case	()	9
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Signature of Atto	mey or other Originator req	uesting service on l	behalf of:		TELEPH	IONE NUMBER	DATE	
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	ELOW FOR US						WILL	
I acknowledge re number of proces		Process District of Origin	District to Serve	Signature of Auth	orized USMS	Deputy or Clerk		Date
(Sign only first than one USM 28	USM 285 if more	No. 38		Kaney	Jalan	itte		10/17/
****	and return that I \(\square \) have per			ce of service. [] have	executed as si	hown in "Remarks", the t	process desc	ribed
	, company, corporation, etc							
I hereby cert	tify and return that I am	anable to locate th	e individual, co	mpany, corporation,	etc., named a	above (See remarks belo	w)	
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Address (comple	te only if different than sho	wn above)				Date of Service	Time	ал
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PROCESS RECEIPT AND RETURN

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DERVE	Grea Polas	dian. De	Partmen	+ of Con	ectio	n		
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	ncI- Shi-ley			707	Number	of parties to be	+ Q	
· ·	P.O. BOX 1918			ل ، ل	served	in this case		
1	Shirley, MA.				Check on U.S	for service		
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Tola	+(978) 425	- UZUI.	And an	Fordone		, 40, CT 41,	51	7773
					01 TL	- DUDY SHI	nemt of	
Con	ections Tel.	# (508)	772	3,300		•		
Signature of Atto	orney or other Originator req	uesting service on	behalf of:	PLAINTIFF	TELEP	HONE NUMBER	DATE	_
Derek !	Sincere Black	WOIF C	ME	☐ DEFENDA		NIA	8.30.6) J
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		Process District	District			S Deputy or Clerk	Date	
number of proce	ss indicated.	of Origin						
(Sign only first than one USM 2	USM 285 if more	1 No. 38	No	Rane	3 Jak	auer	10	(12)
I hereby certify a	and return that I have per	sonally served,	have legal evider	nce of service, have	executed as	shown in "Remarks", the	e process described	
on the individual	l, company, corporation, etc	., at the address sh	nown above or or	the individual, compa	any, corporati	on, etc., shown at the ac	ldress inserted below.	
hereby cer	rtify and return that I am	unable to locate ti	he individual, c	ompany, corporation,	etc., named	above (See remarks be	·low) -	
Name and title	of individual served (if no	ot shown above)					suitable age and dis residing in the defend of abode.	
Address (comple	ete only if different than sho	wn above)				Date of Service	Time	am
						19/16		pm
						Signature of U.S.	. Marshal or Deputy	
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PROCESS RECEIPT AND RETURN

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ř	O. Box 12	18 - HA	rvard	Roal		served	in this case	e e	1
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Andi	an Employ	1re of	The I	Deportme	ent of Con	rection	S. Tel#(508)422	3300
Signature of Atto	rney or other Origin	ator requesting	g service on	behalf of:		TELEP	HONE NUMBER	DATE	
_	Sincere				☐ PLAINTIFF ☐ DEFENDAN		NIA	1	20.05
	SINCERE) MICH V	7071	-190	☐ DEFENDA	\ \	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	_	
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							shown in "Remarks", the on, etc., shown at the ac		
hereby cert	tify and return that	I am unable	to locate th	ne individual, co	ompany, corporation,	etc., named	above (See remarks be	elow)	
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							usual place	of abode.	he defendant's
Address (complete	te only if different to	han shown abo	ove)				Date of Service	Time	am
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PROCESS RECEIPT AND RETURN

PLAINTIFF						COURT CASE	NUMBER	
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,	KI Shoky	Medium	1 -	`		er of parties to be in this case		9
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nt (97	18) 425-4341	or Knthle	en Denneh.	1. Coma stron	er At	1 (508) 4	77 - 33	00
Signature of Attor	rney or other Originator req	uesting service on	behalf of:	PLAINTIFF	TELE	PHONE NUMBER	4	
Derek!	Sincer Block	WIF C.	Mer	□ DEFENDAN	т .	NIA	8	20.05
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than one USM 28	85 is submitted)	No	No					
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Document 19

Filed 11/21/2005 Page 8 of 11

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

Derek Sincere Black Wolf Cryer	1:05-CV-1/289
DEFENDANT DEFENDANT	TYPE OF PROCESS
Michael Thompson	Service of Summons Coriginal
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	Correction's
AT MCI Shirley Medium - Box 1218 + Hown	1 Road - Shiden MA. 01464
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be
Derex Sincere Black Wolf Ciyer	served with this Form - 285
	Number of parties to be
MCI-Shirley Medium P.O. Box 1218 - Harvard Road	served in this case
Shories, MA. 01464	Check for service
	on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING Telephone Numbers, and Estimated Times Available For Service):	
M. chal Thompson is The Superintende	ent at MCI Stellen Medium
(978) 425-4341 Ext. 4101	
Signature of Attorney or other Originator requesting service on behalf of:	TELEPHONE NUMBER DATE
Derck Sincere Black Wolf Cryer DEFENDANT	N/A 8.20.05
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO	NOT WRITE BELOW THIS LINE
I acknowledge receipt for the total number of process indicated. Total Process District District Signature of Authority to Serve	ized USMS Deputy or Clerk Date
	Jalanere 10/12/0
I hereby certify and return that I \(\subseteq \text{have personally served}, \(\subseteq \text{have legal evidence of service}, \subseteq \text{have ex}	
on the individual, company, corporation, etc., at the address shown above or on the individual, company	
I hereby certify and return that I am unable to locate the individual, company, corporation, etc	
Name and title of individual served (if not shown above) (1) ESTREE FITONACO // R	cretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time am
	10/0 b/05 1100 pm
	Signature of U.S. Marshal or Deputy
	Lythis Och
Service Fee Total Mileage Charges (including endeavors) Forwarding Fee Total Charges Advance Deposits	Amount owed to U.S. Marshal or Amount of Refund
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PROCESS RECEIPT AND RETURN

PLAINTIFF						COURT CASE, NUMBE	R	
Decel	L Sincere	Black We	IF Con	11.0		1:05-CV-		
DEFENDANT	<u> </u>			,	:	TYPE OF PROCESS		
MAC	Kobinson					Service of Sum	mons (0	F. 3.000
SERVE		-	~			PTION OF PROPERTY TO	SEIZE OR CO	NDEMN
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*****	OF SERVICE COPY TO				1	of process to be	, , , ,	7
\Box	Derek Sincere	Black We	IF Cour			with this Form - 285		
1	nc I - Shirley	Medium	,, 0,,,,		Number	of parties to be		
	50 Box 1218		Road			in this case	7	
	Shidey, MA	01464			Check to U.S.	for service		
Telephone Num	RUCTIONS OR OTHER	es Available For Servi	ice):			(Include Business and A		ses, All
The A	Above Named	DeFendants	offici	Al Governm	ment /	IAME ist	E	Fold
MARG	Hen Robin	nson" To	the best	of my Kn	owled	ge. She		
is Th	· Disciplin	ary Sargea	and At l	MCI-Shirl	y Me	dium.		
(97	8) 425.	4341	•.					
Signature of Atte	orney or other Originator re	equesting service on b	ehalf of:	PLAINTIFF	TELEP	HONE NUMBER	DATE	
D 1	C > 1					. 1 / .		
Perek	Sincere Blac	K WOSF C	*yer	☐ DEFENDAN	т	NIA	8.20	.05
	BELOW FOR US						W THIS I	
SPACE B	BELOW FOR US	SE OF U.S. N	MARSHAI District	ONLY — D	O NOT			LINE
SPACE B	BELOW FOR US	SE OF U.S. N 1 Process District of Origin	District to Serve	Signature of Author	O NOT	WRITE BELOV	W THIS I	LINE
SPACE B I acknowledge n number of proce (Sign only first than one USM 2	eceipt for the total ses indicated. USM 285 if more 285 is submitted)	SE OF U.S. N 1 Process District of Origin No.	District to Serve	Signature of Auth	O NOT	WRITE BELOV S Deputy or Clerk	W THIS I	LINE : ://2/-
SPACE B I acknowledge n number of proce (Sign only first than one USM 2	BELOW FOR US ecceipt for the total ess indicated. USM 285 if more	SE OF U.S. N 1 Process District of Origin No	District to Serve No	Signature of Auth	O NOT	S Deputy or Clerk shown in "Remarks", the p	Date // // Date // Dat	LINE
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PROCESS RECEIPT AND RETURN

PLAINTIFF	COURT CASE NUMBER
Derek Sincera Black Wolf Cone	1:05-CV-11289
DEFENDANT	TYPE OF PROCESS
Greg McCANA	Service of Summons (Original
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR	•
Grey McCANN, Department of Correct	ctions
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	-1
AT MCI-Shirley Medium - Box 1218 + Harvard	Road - Shirley, MA. 01464
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to the
The Court of the Court	served with this Form 285
Derek Sincere Black WOIF Crycr	92 to
MCI - Shirley Medium	Number of parties to be served in this case
PO BOX 1218 - Harmed Road	served in this case N
Shirley, MA 01464	Check for service
COPECIAL INCOMPLICATIONS OF COURSE PROPERTY AND ADMINISTRATION OF COUR	#
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING Telephone Numbers, and Estimated Times Available For Service):	SERVICE (Include Business and Alternate Addresses, All
Fold	Fold
- Greg Mc Com is The Director of Tr	entrient At MCI Shirley
medium	•
(978) 425-4341	. •
Signature of Attorney or other Originator requesting service on behalf of: PLAINTIFF	TELEPHONE NUMBER DATE
Derek Sincere Black Wolf Cryer DEFENDANT	N/A 8-20-05
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO	NOT WRITE BELOW THIS LINE
number of process indicated. of Origin to Serve	zed USMS Deputy or Clerk Date
(Sign only first USM 285 if more 38 33 March	Induree 10/2/
than one USM 285 is submitted) No. No.	
I hereby certify and return that I \sum have personally served, \subseteq have legal evidence of service, \subseteq have ex on the individual, company, corporation, etc., at the address shown above or on the individual, company.	
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc	
Name and title of individual served (if not shown above) LOCATE EN 1000 CO HR	A person of suitable age and dis- cretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time (am
	10/26/05 110D pm
	Signature of U.S. Marshal or Deputy
	1
	Contra Color
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits	Amount owed to U.S. Marshal or Amount of Refund
(including endeavors)	
45.00 (including endeavors) 8.00	
(including endeavors)	
45.00 (including endeavors) 8.00	
45.00 (including endeavors) 8.00	
45.00 (including endeavors) 8.00	

Filed 11/21/2005 Page 11 of 11

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF		,					COURT CASE NUM		
Derek.	Sincere B	fock by	UIF C	ruer			1:05 - CW	- 1128	9
DEFENDANT	,						TYPE OF PROCESS		,
Tom	LAVelle						Service of	Summons	(Or. 7.00
SERVE	NAME OF IN	DIVIDUAL, C	OMPANY, CO	RPORATION	, ETC., TO SERVE O	R DESCRI	PTION OF PROPERTY	TO SEIZE O	R CONDEMN
_					of Conec	1.205			
	ADDRESS (S	treet or RFD.	Apartment No	o., City, State	and ZIP Code)				0146
AT	MCI-Sh	rley M	edium -	· Box 1	218 Harva	rd R	d Shirle	A. MA	, e
SEND NOTICE	OF SERVICE CO					1		1	
							r of process to be with this Form - 285	İ	1
1.1	Derek Sine	cera Bl	ock Was	F Cry	er	Ļ			<u> </u>
1	ncI Shin	ley med	,UM		-	4	r of parties to be		a
· F	? 0 BOX 12	18 - H	giverd	Rond		served	in this case		1 .
	Shirley,					Check on U.S	for service	,	
					SIST IN EXPEDITING	_i	E (Include Business an	d Alternate A	ddresses, All
Fold *	bers, and Estimated			•				- 54,77	Fold
				ations	1 OFFice	r at	MCI. Sh. Be	1 Med	VM
(97	3) 425	- 434	$t_i I$				S	95	
						•	72	terapting deter	
						,	7-		•
Signature of Atto	omey or other Origin	ator requesting	service on bel	half of:	☐ PLAINTIFF	TELEP	HONE NUMBER	DATE	
Decek	Sincere Bla	- k 1 / 1	E Care		☐ DEFENDAN	.	NA	₹.	10.05
	mes- om	CAL CO DI			- Dei en en en en	<u> </u>		<u> </u>	
SPACE B	BELOW FOR	R USE O	F U.S. M	ARSHA	L ONLY — DO	TON C	WRITE BEL	OW THI	S LINE
I acknowledge re	eceipt for the total	Total Process	District	District	Signature of Author	rized USM	IS Deputy or (lerk)		Date
number of proce			of Origin	to Serve	haven	120			, ,
	USM 285 if more 285 is submitted)	'	No	No	_ / have		Chokalden		14/12/0
I hereby certify :	and return that I	ave personally	served. Thay	e legal eviden	ce of service. [7] have e	executed as	shown in "Remarks", t	he process desc	cribed
							ion, etc., shown at the		
☐ I hereby cer	rtify and return that	I am unable	to locate the	individual, co	ompany, corporation, e	tc., named	above (See remarks t	oelow)	
Name and title	of individual serve	d (if not show	n above)				A_person o	of suitable age	and dis-
Desc	EE 11/31	10 623	1110				Cretion the	n residing in the of abode.	e defendant's
	ete only if different		ve)				Date of Service	Time	ám
			,					,	
							10/140	5 110	20 pm
							Signature of U.	S. Marshal or	Deputy
			-				s. Cog Bak	But to	AMI
Service Fee	Total Mileage C	harges Forw	arding Fee T	otal Charges	Advance Deposits	Amount of	wed to U.S. Marshal or	Amount	of Refund
45.W	(including ende	avors)	8.00						
REMARKS:	Edward	40 USA	11 Wat	USU-C	10/12/05 KT	-	_	1	
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